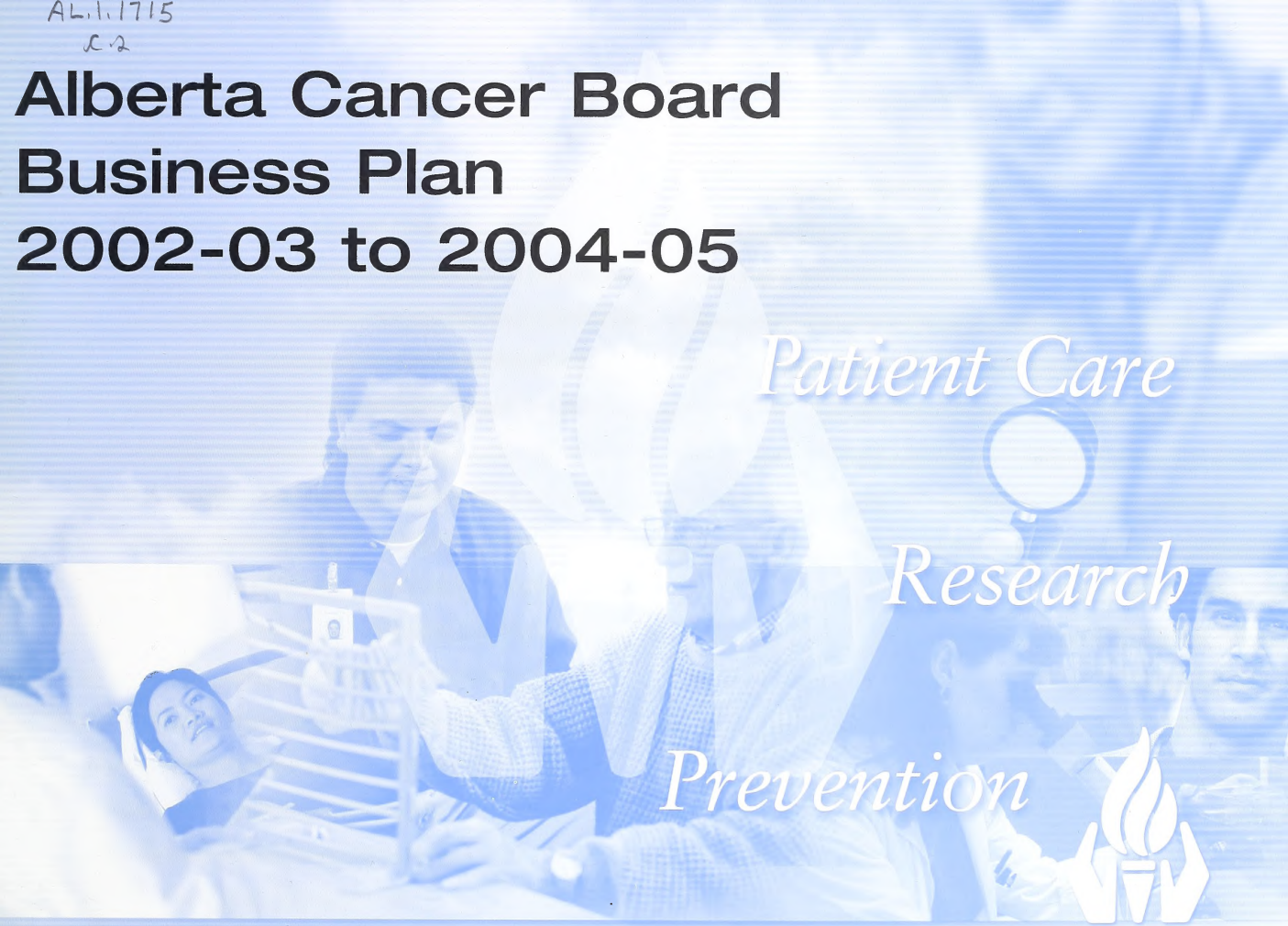
Alberta Cancer Board Business Plan 2002-03 to 2004-05



Alberta Cancer Board

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ISSN 1703-6305 Business Plan – Alberta Cancer Board

Accountability Statement

April 29, 2002

This business plan for the three years commencing April 1, 2002 was prepared under the Board's direction in accordance with the Government Accountability Act, Cancer Programs Act, and directions provided by the Minister of Health and Wellness. All material economic and fiscal implications known at the date of completion of this business plan have been considered in its preparation.

The ACB's priorities outlined in the business plan were developed in the context of the Ministry of Health's business and fiscal plans. We are committed to achieving the planned results laid out in this business plan.

Respectfully submitted on behalf of the Alberta Cancer Board,

Gary G. Campbell, Q.C., Chairman

The Alberta Cancer Board

Our vision is for excellence in cancer control.

This vision will be realized through innovation, national/international collaboration, high ethical and scientific standards, compassion, leadership and fiscal responsibility.

The Alberta Cancer Board (ACB) is the Provincial Health Authority responsible for the coordination of all cancer research, prevention and treatment programs in Alberta. Its services include cancer prevention, early detection, diagnosis, treatment, research and education.

The Cross Cancer Institute in Edmonton and the Tom Baker Cancer Centre in Calgary are the tertiary (major) cancer centres in Alberta. They provide highly specialized diagnostic and clinical services and through their grounding in education and research ensure patients access to leading edge therapies and participation in clinical trials.

Smaller cancer centres throughout the province enable many people to receive care in their home communities including initial diagnosis and follow-up as well as some treatment procedures. Depending on the nature of the treatment protocol that is required, patients who live outside of Edmonton and Calgary may be referred to an Associate Cancer Centre in Grande Prairie, Red Deer, Medicine Hat or Lethbridge. Community Cancer Centres are located in Barrhead, Bonnyville, Camrose, Canmore, Drumheller, Fort McMurray, High River, Hinton, Lloydminster, and Peace River. Drayton Valley is the most recent Community Cancer Centre and is scheduled to open in June 2002.

All ACB centres strive to provide compassionate attention to individuals and their families experiencing cancer. While treatment services may sometimes seem to be the focus, access to timely, accurate information about cancer and comprehensive care in a supportive environment are overreaching goals.

Cancer prevention and early detection provide our best opportunity to reduce cancer deaths. The ACB's division of Epidemiology, Prevention and Screening, undertakes population-based research into the causes of cancer, supports cancer prevention programs and works with Alberta's health regions to ensure that Albertans receive consistent and accurate messages which empower them to minimize their own risks for developing cancer. Surveillance and monitoring of all new cases of cancer and cancer deaths through the Alberta Cancer Registry allows researchers and health care providers to receive accurate data to monitor cancer trends in their communities and plan appropriate cancer control strategies.

The earlier a cancer is detected and diagnosed, the greater is the chance that curative treatment will be successful. *Screen Test, the Alberta Program for the Early Detection of Breast Cancer* provides mammography screening services through fixed sites in Edmonton and Calgary and to rural communities, including many First Nations reserves. Each year, *Screen Test* program provides over 20,000 screening mammograms at over 100 sites throughout the province. Its cancer detection rates consistently meet or exceed international standards for quality control. In order to address the limitations of the current approach to cervical cancer screening, many provinces, including Alberta, are developing organized cervical cancer screening programs. The ACB is providing the coordination for the planning and implementation of Alberta's Cervical Cancer Screening Program.

Medical Affairs and Community Oncology is the newest ACB division. It was created to extend the ACB's expertise and to ensure that the same quality of cancer services is available to all Albertans regardless of where they live in the province. Collaboration with Regional Health Authorities is key to this division. The establishment of community cancer centres is one example of collaborative efforts between the ACB and the Regional Health Authorities. The 'Palliative Care Network Initiative' is another. It provides health regions with a variety of resources to develop strategies aimed at optimizing their palliative care services and ensuring seamless palliative care service delivery between communities and tertiary cancer centres. Psychosocial support for cancer patients and their families is also a priority and is now being provided more effectively through the 'Psychosocial Oncology Initiative' which links ACB psychosocial oncology support to all health regions.

Cancer research is the foundation upon which high quality programs in cancer treatment, prevention and education are built. With only ten per cent of the 200 kinds of cancer having fail safe cures or treatments, programs in basic and applied clinical cancer research are essential to providing comprehensive cancer services. The ACB has an unsurpassed record for basic and clinical research and continually strives to ensure the highest quality of research to support the cancer care of Albertans. Research has and always will continue to be the focus of the ACB's clinical and academic program. It employs 120 research personnel and manages almost 600 active research programs.

Effective cancer control requires a concerted and shared effort. Through charitable contributions from the public on behalf of the ACB, the Alberta Cancer Foundation is able to support research projects, patient education and support programs, equipment and technology acquisition, and cancer treatment programs.

Our mission is to reduce the burden of cancer through prevention, screening, diagnosis, treatment, palliation, education and research.

Cancer: Profile of a Killer

It is estimated that 5,200 Albertans will die of cancer during 2002.* In 1997, Cancer deaths outranked even diseases of the heart as the primary cause of death among Albertans. Although cancer risk increases with age, it is a leading cause of premature mortality. Cancer outranks any other disease as a cause of potential years of life lost.

Cancer Mortality

The 2002 estimated deaths for major cancer sites are:

Lung	1300
Breast	420
Prostate	410
Colorectal	410

Since 1992, the number of new cancer cases has increased steadily and with a remarkable predictability among men (+40%) and women (+37%). Among women, breast cancer cases have increased by 35%, while lung cancer cases have increased by 63%. Among men, the largest increase of new cases has been noted for prostate cancer (+110%) as the result of a more widespread use of PSA testing. Increases in the number of cases reflect our growing and aging population, as well as, in some cases, increase in actual population rates (eg. lung cancer in women).

Cancer Cases: A 10 year comparison
Estimated New Cases in Alberta

	1992	2002
Prostate	880	1,850
Breast	1,300	1,750
Lung	1,190	1,580
Colorectal	1,000	1,330
All cancers	8,300	11,500

For males, Alberta compares well with the rest of Canada, both for the estimated age standardized incidence and the estimated age standardized mortality rates.

For females, incidence data are similar, while estimated age standardized mortality is lower in Alberta.

Cancer in Alberta, Cancer in Canada

	Incidence Rates	Mortality Rates
Alberta – Males	407	202
Canada – Males	442	224
Alberta – Females	347	144
Canada – Females	347	151

Note: 2002 Estimated Age-Standardized to 1991 Canadian population (per 100,000)

* Data from Alberta Cancer Registry; projections from National Cancer Institute of Canada Cancer Statistics

Challenges and Opportunities

Cancer Control: The Challenge

Cancer is now the leading cause of death in Albertans and the number of Albertans newly diagnosed with cancer is steadily rising. In 2001, 10,925 Albertans were diagnosed with cancer and over 5,000 died from the disease. By 2016, the number of new cancers diagnosed is projected to be 18,000. The primary factor driving this increasing trend is Alberta's growing and aging population. Fifty-six per cent of new invasive cancers occur among Albertans who are 65 years or older, highlighting the importance of this age group in determining the cancer burden.

Canada is facing a crisis in the supply of nurses, radiation oncology technicians and oncologists. Oncology is a human resource intensive activity with the quality of care exclusively determined by the expertise of staff members acting as a multidisciplinary team. Our challenge here is two-fold. Recruiting and retaining qualified oncology care staff within our organization must be a priority. So too will be the careful consideration of the nature of the services themselves, the way in which these services are provided and by whom.

The pattern of oncology practice has changed substantially in Alberta. Fewer patients require hospitalization while the requirements for outpatient care have increased substantially. Increasing complexities of cancer therapies, the proliferation of newer, more effective and always more expensive drugs, biologic agents and equipment must be balanced with our obligation to remain current with these costly new developments while still providing the highest quality of care. All these factors mean that demands on cancer care resources, both human and financial will continue to increase drastically.

Cancer Control: The Opportunities

Within a health care system that is undergoing intense scrutiny there is now an increased opportunity for the ACB to support a change in focus from an emphasis on treatment toward prevention of cancer in healthy Albertans, ensuring that cancers are detected early, and providing support for those who develop cancer. By far the greatest opportunity for all Albertans is the potential to reduce cancer deaths through prevention. At least 50 per cent of all cancers are preventable and many experts agree that this figure is probably closer to 75 per cent.

Cancer control cannot be effectively achieved by any one single organization or jurisdiction. To ensure accessibility to programs and services and the optimal utilization of health professionals, the ACB already works closely with regional health authorities, agencies and other stakeholders. Building on these community and regional partnerships must continue. However, we must now take the opportunity to strengthen coordinated strategies that will maximize our effectiveness by more formally exploring inter-provincial collaborations with other cancer control organizations.

Even if alternate health care funding mechanisms alleviate current revenue shortages, our population-based cancer control system needs to be changed. The current model of care does not sufficiently address the spectrum of drugs and services offered to patients. While some programs, such as prevention and screening efforts are considered judicious use of resources, others such as some new pharmaceuticals and complex radiation procedures may be inappropriately expensive. Within this environment is the opportunity to carefully review and consider a more cost-effective approach to the delivery of quality care.

Despite clear evidence of the effectiveness of mammography, the latest population-based ACB survey shows there are still one-third of Alberta women who are not being screened regularly. The ACB views the changing emphasis toward prevention and early detection within our health care system as an opportunity to work with Alberta Health and Wellness and other mammography service providers to develop strategies that would ensure all breast screening services in Alberta are delivered and tracked through an organized program.

Core Businesses and Strategic Directions

The ACBs core businesses are based on its responsibility to coordinate all cancer research, prevention and treatment programs in Alberta under the *Cancer Programs Act*.

1. **Ensure delivery of quality health services.**
2. **Encourage and promote healthy living through cancer prevention, screening, detection, education, and health promotion.**
3. **Conduct and promote high quality cancer research.**
4. **Ensure sustainability of the cancer system.**

The ACB is a unique agency because of its ability to integrate research efforts with clinical practice. This comprehensive orientation ensures Albertans benefit first from the latest scientific advances in cancer treatment.

For the last 20 years, the ACB has nurtured new research into the causes and treatment of cancer and merged these findings with new and better treatment protocols. The fundamental belief — research produces better treatment — is at the root of the organization's vision, mission and values, and serves to define its strategic directions and service delivery to Albertans.

All ACB activities, encapsulated in this business plan, are directly related to four key organizational pillars — wellness, partnering in care, research and managing for the future. These pillars help to focus the organization on achieving long-term performance excellence, and guide the overall development of individual business plan goals.

Partnering in Care

Goal

Improve access to quality cancer control programs and services.

Strategies

- increase facility and community based services
- collaborate with partners to improve delivery
- coordinate services province-wide
- manage human resources
- further develop evidence-based treatment strategies.

Wellness

Goal

Reduce incidence, mortality and morbidity of cancers.

Strategies

- develop provincial outcome measures for prevention and screening
- establish provincial mandate for breast, cervical and colorectal screening programs.

Research

Goal

Improve cancer control through high quality research.

Strategies

- coordinate research with U of A and U of C
- priorize programs
- establish Phase 1 clinical research program.

Managing for the Future

Goal

Attain financial health and organizational effectiveness.

Strategies

- manage drug costs
- recruit and retain highly specialized staff
- develop supportive information technology systems
- generate alternate sources of revenue
- recover costs of industry sponsored clinical trials.

Goals and Strategies

Alberta Health and Wellness has established core business goals, strategies, performance measures and targets for health authorities.

These requirements have been adapted to reflect the ACB's targeted mandate. The following strategies are proposed by the ACB to achieve the goals and performance measures applicable to provincial cancer services.

Many strategies contribute to the achievement of multiple goals, and are listed where they have the greatest impact.

Goal 1:

Effective delivery of quality cancer control programs and services

Priorities

- Sustain and improve access to cancer control services.
- Support and promote an effective system for cancer control.
- Provide leadership for innovative approaches and initiatives.
- Pursue active recruitment of oncology care specialists.

Strategies

- Increase capacity for facility-based and community-based care.
- Consult and collaborate with community and inter-provincial partners.
- Coordinate services on a province-wide basis.
- Develop a comprehensive strategy to ensure the effective management of our human resources.

Actions

1. Access to inpatient and outpatient services required to support cancer patients receiving tertiary care at the Cross Cancer Institute (Edmonton) and the Tom Baker Cancer Centre (Calgary) will be improved.

Targets

- A proposal for a master redevelopment plan for the Cross will be completed in 2002. Three program areas (the outpatient clinic, the daycare chemotherapy administration facility and pharmacy) must be expanded if the Cross is to be responsive to anticipated patient volume increases and technological advances.
- Completion of the Centre for Biological Imaging and Adaptive Radiotherapy construction by the end of the 2001-02 fiscal year will add 10,000 square feet to the Cross.
- Transfer of responsibility fo in-patient beds from the Calgary Health Region to the Baker on April 1, 2003 (subject to review by Alberta Health and Wellness).
- Provision for an integrated tertiary medical and radiation oncology program targeted to enhance the level of care of cancer patients through a committed cancer treatment and research facility on the Foothills Hospital site will be explored in partnership with the Calgary Health Region.

Goals and Strategies cont.

2. Access and coordination of ambulatory and inpatient care for cancer patients in associate and community cancer centres will be strengthened.

Targets

- First phase of the redevelopment project for the expanded Central Alberta Cancer Centre (Red Deer Hospital) will begin in May 2003 with the second phase planned for completion late in 2004.
- An action plan to ensure that current services provided at the Peter Lougheed Centre are brought within the programs of the ACB and existing facilities in collaboration with the Calgary Health Region in 2002-03.

3. Implement a quality improvement program to achieve waiting times for treatment in ACB facilities that are consistently within defined standards.

Targets

- Waiting times between referral to ACB and consultation with an ACB specialist, and between prescription of treatment and initiation of treatment, will be tracked and reported monthly for all tumour sites (This process is in place).
- Acceptable upper limits on waiting times by tumour site and stage will be further defined by discussion within and among tumour groups. Quality improvement processes will be implemented to reduce waiting times, with priority for those groups of patients whose waiting times fall outside the defined acceptable limits. Quality improvement system to be in place by the end of fiscal year 2002-03.

4. Improve access to RHA palliative services regardless of geographical location and establish common standards of care based on clinical evidence.

Targets

- Planning activities between the Regional Health Authorities and the Palliative Care Network Initiative (PCNI) will be renewed to meet the PCNI vision and goals for the next few years.
- Through 2002 to 2004, dialogue will be initiated between the PCNI and relevant stakeholders, including rural palliative care coordinators and leaders. Web-based communication technology will be initiated to generate a community of practice and cooperation with palliative care education projects.

PERFORMANCE MEASURES: AVERAGE WAITING TIME FOR CANCER TREATMENT FOR MOST COMMON CANCER TYPES

	Diagnosis to Appointment with Medical Oncologist	Diagnosis to Appointment with Radiation Oncologist	Oncologist Appointment to Chemotherapy Treatment [2002-03 Target = 1 week]	Oncologist Appointment to Radiation Treatment [2002-03 Target = 4 weeks]
	2001-02	2001-02	2001-02	2001-02
Breast	4.3 weeks	4.4 weeks	1.0 week	2.0 weeks
Prostrate	4.6 weeks	8.1 weeks	1.0 week	2.0 weeks
Gastrointestinal	3.1 weeks	2.5 weeks	1.0 week	3.2 weeks

5. Provide psychosocial oncology support for cancer patients and their families in Alberta communities based upon the principles of reasonable access, standards based practice, education and research.

Targets

- Through collaboration and partnering with Regional Health Authorities, the Psychosocial Oncology Initiative (POI) will focus on the following priorities for 2002 through 2004:
  - confirm a provincial model and approach;
  - establish POI rounds among psychosocial practitioners;
  - hold one major workshop with psychosocial practitioners; and,
  - develop a strategy to market the benefits of psychosocial support for cancer patients, internally and external to the ACB.

6. Integration of inpatient and outpatient pediatric oncology services and provision of standardized care closer to home for children with cancer will be improved.

Targets

- Completion of the transfer of the outpatient component of the Cross pediatric oncology program to the Stollery Children's Health Centre by July 2002.
- Under the leadership of the appropriate tertiary centre, standardized selective pediatric cancer care will be provided in one community cancer centre in 2002-03.
- Further community centre site planning may occur based on evaluation of this initial experience.
- Where readiness exists, standardized selective pediatric cancer care will be provided in one associate cancer centre in 2002-03.

7. A new comprehensive approach in the delivery of services supporting breast cancer care is the proposed Women's Breast Health Centre.

Targets

- A plan and costing model has been developed by the ACB and the Capital Health Authority and a joint presentation made to the Standing Policy Committee on Health and Community Living.
- In collaboration with key stakeholders, under the leadership of the Cancer Surgery Working Group, work will continue towards implementation in 2003 (contingent upon securing project funding) of this important new initiative.

8. Develop best practices of treatment and care based on medical evidence and cost effectiveness analysis.

Targets

- Recruitment of clinical leaders for eight major tumour groups will be completed by December 2002.
- Practice guidelines and definition of pathways for treatment and care will be developed and implemented for major tumour groups complete by end of 2003-04.
- ACB will conduct comparative cost effectiveness analysis of the defined treatment pathways. This approach will underpin decisions on selection, approval and adoption of ACB treatment pathways as best practices for each clinical situation.
- Resource allocation among competing priorities will be guided by cost effectiveness analysis as well as by efficacy. Decisions will be made by consensus among tumour groups. Completed by end of 2004-05.

9. Use high quality outcomes reporting and analysis to evaluate treatment and care programs and provide the basis of accountability of tumour groups to ACB and ACB to Albertans.

Targets

- ACB will use the ICCN information system to track and report outcomes of interest for all common treatment and care pathways. This information will validate the impact of ACB treatment pathways and will help guide the continuous improvement of these pathways. ICCN outcomes reporting to be in place for 50 per cent of common treatment pathways by 2004-05.

10. In collaboration with Regional Health Authorities, the College of Physicians and Surgeons, and the Alberta Medical Association, the recommendations of the provincial Cancer Surgery Working Group (CSWG) will result in improved outcomes in cancer surgery.

Targets

- Integration with provincial tumour groups and development of practice guidelines for all common cancers will be initiated 2002.
- The Web-based Surgical Medical Records (SMR) for colorectal, breast, liver and ovarian cancer will be implementated in 2002/2003 as a provincial pilot project.
- Pathology synoptic report guidelines for colorectal and breast cancer will be published and disseminated.
- Bladder cancer surgery guidelines will be developed and disseminated.
- Through the collaboration with the Western Canada Waiting List project, a general surgery tool to fairly prioritise patients requiring cancer surgery will be implemented.

11. Development of a comprehensive workforce plan to address the continued challenge of a national and international shortage of oncology care specialists as well as workload increases in selected high priority service delivery areas.

Targets

- The second phase of the physician resource plan with a focus on radiology, laboratory medicine and pediatrics will be initiated.
- A long-term contingency plan for nursing, including consideration of care delivery by nurse practitioners and clinical associates, will be developed.
- Staffing shortages in key clinical areas, such as radiation oncology and patient records, will be addressed.

12. Through consultation and collaboration with patients, families, community partners and staff, the ACB will continue to ensure programs and services reflect the needs and priorities of the people and communities we serve.

Targets

- Continue to consult with patients, families and communities through satisfaction surveys and focus groups on an annual basis.
- Through the development of a provincial satisfaction survey tool, consistent performance measures will be developed for reporting of patient satisfaction with programs and services in 2002.

13. Access to world-class treatment for Alberta cancer patients.

Targets

- Establish the Centre for Biological Imaging and Adaptive Radiotherapy at the Cross to facilitate research, diagnosis and enhance cancer care.
- Through the establishment of the Bioinformatics Initiative (in collaboration with Alberta Health and Wellness), develop a combined gene therapy bioprofiling centre, including a tumour banking program; the DNA microarray analysis and proteomics initiative; and a public health genomics component focusing on priority areas in public health genetics.

14. **Use positron emission tomographic (PET) imaging to improve treatment pathway selection for patients. This is based on the increasing evidence that incorporating PET imaging into diagnostic and staging investigation improves the cost effectiveness of treatment of several types of cancer.**

Targets

- Provide limited PET service to Albertans in 2002-03 using a $200,000 grant from the Alberta Cancer Foundation.
- Work with Alberta Health and Wellness to secure operating funding of $500,000 per annum for PET imaging beginning in 2003-04, $1M for 2004-05.
- Develop provincially-based practice guidelines for PET programs, beginning with staging programs for lung, esophageal, and head and neck cancer, and diagnostic programs for recurrent colorectal cancer and locally recurrent breast cancer. Implement these guidelines and offer PET imaging for these indications by fiscal year 2003-04.
- Ensure access to ACB's PET imaging facility for RHA patients in accordance with these practice guidelines.
- Endorse the provision of a PET camera within the Calgary Health Region for 2003-04.

15. **An integrated, region-wide mechanism to address infection control will be developed in collaboration with host hospitals and corresponding Regional Health Authorities across the province.**

Targets

- Infection control policies will be completed in 2002-03 at the Cross and the Baker.
- Program implementation will continue in 2002-04 for the associate and community cancer centres.
- Complete integration of Cross, Baker, associate and community cancer centres' infection control plans into ACB and/or RHA regional infection control mechanism in 2004.

Goal 2:

Healthy Albertans through provision of effective cancer control strategies for health promotion, prevention, early detection and screening

Priorities

- Reduce incidence, mortality and morbidity from cancers.
- Build capacity in cancer prevention throughout Alberta.
- Provide leadership for organized provincial cancer screening programs.

Strategies

- Provide leadership in the development of key provincial outcome measures for prevention and screening.
- Provide leadership and support to Regional Health Authorities and other stakeholders to define, develop and implement the core elements of an effective provincial cancer prevention initiative.
- Secure a clear provincial mandate for provincially organized breast and colorectal screening programs.
- Work with other collaborators to integrate cancer goals into a chronic disease prevention strategy.

Actions

1. Initiate a collaborative process with Alberta Health and Wellness, Regional Health Authorities and other stakeholders to develop outcome goals for cancer prevention and screening targets for Alberta. For example: smoking rates for teens; percentage of population with reasonable physical activity; and percentage of population screened in an organized screening program.

2. Design interventions and assist Regional Health Authorities to develop prevention initiatives that are, where possible, based on evidence-based guidelines and best practice information.

Targets

- *Simply Healthy* social marketing campaign in nutrition launched in 2002.
- *Healthy Living with Sunshine 2002* media kits produced and disseminated to Regional Health Authorities.
- Develop and disseminate recommendations on core messages and strategies for promoting physical activity in June 2002.
- Launch a regional *Summer Active* media awareness campaign with partners from the Calgary Cardiovascular Network by 2003.
- Develop and disseminate Aboriginal cancer awareness package by 2004.
- Continue working with Portage College to provide cancer prevention education to Community Health Representatives on an annual basis.

3. Support the ability of Regional Health Authorities to develop regional cancer control programs, update health promotion plans and evaluate initiatives based on current information about cancer trends and useful cancer prevention information.

Targets

- *A Regional Picture of Cancer in Alberta* and two cancer fact sheets will continue to be produced and disseminated on an annual basis for Regional Health Authorities. Information includes current incidence, mortality, and secular trends data from the Alberta Cancer Registry.
- Inventory of regional cancer prevention information that is available through national surveys will be provided to Regional Health Authorities by 2004.
- Enhance accessibility of cancer prevention resources by making them available for download on the ACB web site by 2004.

4. In collaboration with Regional Health Authorities, the Canadian Cancer Society, AADAC and other stakeholders provide leadership and support for multi-agency initiatives to deal with province-wide cancer prevention priorities.

Targets

- Support the development of a provincial approach to chronic disease prevention, including benchmarking and evaluation processes. Launched by 2002.
- Secure funding for chronic disease prevention alliance including heart, diabetes, and cancer agencies.
- Continue to support provincial tobacco reduction efforts by acting in an advisory capacity to the Provincial Tobacco Initiative and supporting implementation of strategic initiatives. Advisory Committee participation will commence 2002.

5. Continued leadership for the coordination of the Alberta Cervical Cancer Screening Program (ACCSP) will proceed in 2002 with finalization of the organizational structure and stakeholder roles, completion of Standards and Guidelines, beginning implementation of the information system for the Alberta Breast Screening Program.

6. Provide leadership to complete development of organized provincial breast and colorectal screening programs.

Targets

- Secure a clear mandate from Alberta Health and Wellness for a provincial breast and colorectal screening program.
- Provide leadership for a collaborative, strategic planning process involving Regional Health Authorities and other stakeholders to further define program elements, develop consensus on breast, cervical and colorectal cancer screening targets for Alberta and determine long-term planning priorities.
- Seek resolution of Health Information Act issues in relation to consents.

Goal 3:

Support cancer control in Alberta through high quality cancer research

Priorities

- Ensure research is of the highest quality.
- Continue to build an internationally respected research program.

Strategies

- Priorize research programs within the ACB to ensure excellence.
- Establish strong Phase I program for clinical research.
- Coordinate cancer research activity with the University of Alberta and the University of Calgary.

Actions

1.Complete an external review of ACB research programs to ensure that it is conducting, coordinating and supporting cutting-edge cancer research and its application in April 2002.

Targets

- Board of Directors review of recommendations by September 2002.

2.Continue to build an internationally respected research program.

Targets

- Continue support of strategic new cancer research initiatives in the areas of proteomics and functional genomics; population health; palliative care medicine; provincial clinical research program; and, genetic epidemiology.
- Complete implementation of the polyomics facility by 2003-04.

3.Maintain an intellectual environment that fosters excellence in cancer research.

Targets

- Recruit one additional senior research position by September 2002.
- Increase support for promising graduate and post-graduate students to enter cancer research careers in Alberta.
- Update affiliation agreements with the University of Alberta and the University of Calgary by December 2002.
- Establish formal links with the National Institute of Nanotechnology by 2003.

4. Strengthen and stabilize the research environment.

Targets

- Establish a $60 million Cancer Research Endowment or longer-term government commitment to providing $2.5 million per year to support new strategic initiatives.
- Secure government decisions regarding preferred funding option to enable future planning with certainty by December 2002.
- Increase leveraging opportunities from national and provincial funding agencies through joint collaborations with the University of Alberta, the University of Calgary, and the Alberta Heritage Foundation for Medical Research.
- Increase private industry contribution to sponsor cancer research and clinical trials to reflect the increase in research funding in order to achieve the 4:1 ratio of non-ACB/ACB research funding by March 2004.

5.Increase the impact of our clinical research program through effective management of resources, industry-sponsored clinical trials and pharmacogenomic research contracts.

Targets

- Focus our involvement on meaningful clinical trials considering academic, economic and humanitarian value.
- Recover the added clinical costs of performing clinical trials when appropriate by July 2002.
- Target recruitment of new investigators to areas of provincial priorities.
- Collaborate with universities to address needed additional research space.

Goal 4:

Financial health and organizational effectiveness

Priorities

- Improve performance, rationalize resources and reduce duplication.
- Information technology support for core business delivery and management.
- Develop meaningful measures for assessing system performance.

Strategies

- Develop a long-term strategic plan for addressing the gap between revenues and expenditures.
- Effective management of escalating drug-related costs.
- Strategic long-term planning to ensure high quality sustainable cancer care in the future.

Actions

1. Strategic long-term planning will be initiated to address the anticipation of one-, five- and ten-year infrastructure needs driven by critical space requirements for patient care and research (particularly at the Baker tertiary site) as well as advancements in medical technology and new equipment. Consideration will also be given to the delivery of some cancer services (including, but not limited to, those provided to well patients) now provided by the tertiary cancer centres being delivered instead through associate and community sites.

2. Develop a cohesive, multi-faceted approach to controlling drug costs while maximizing outcomes for patients.

Targets

- A reduction in the Outpatient Drug Benefit Program is being proposed. Patients who have access to third-party coverage will be asked to be responsible for the purchase of their cancer medication. The current Outpatient Drug Benefit Program will continue to be available for seniors and patients without coverage by June 2002.
- LHRH Agonist drugs will be de-listed in June 2002.
- Strategies to challenge unit costs of new drugs, which would involve other provinces and drug formularies, will be developed by June 2002.
- Discussions among western cancer organizations, health ministries and other stakeholders will be initiated in an effort to bring attention to the need for ethical drug pricing practices by September 2002.

3. Develop information management and technology strategies to ensure the secure exchange of timely, accurate health information to support decision making.

Targets

- The Integrated Cancer Care Network, supported by the OpTx 2000 computerized cancer treatment management system, will continue to be implemented in a phased manner throughout the Cross, Baker, and the Community Cancer Network for 2002-03.
- Processes and procedures for ensuring data quality and assurance related to the Electronic Health Record will be developed by May 2002.
- A long-term plan for addressing technology systems and mechanisms to facilitate the monitoring and reporting of clinical and financial performance will be addressed.
- A long-term financial strategy to ensure the sustainability of information systems infrastructure will be priority. Proposal completed 2002.
- Phased implementation throughout 2002-03 of the Telehealth Program is intended to extend to the Associate and Community Cancer Centres through collaboration with telehealth programs of the host Regional Health Authorities.
- Policies and procedures to ensure that ACB electronic medical records (EMRs) are compliant with legislative and regulatory management requirements for information, security and privacy will be completed in 2002.

4. Mechanism for monitoring overall system performance will be enhanced.

Targets

- A province-wide structure and process for monitoring of quality assurance and quality improvement activities will be reviewed by the Board of Directors by June 2002. Implementation of the proposed recommendations is expected to commence no later than September 2002.
- In conjunction with the development of a provincial quality management framework, a strategic planning process is being undertaken to develop performance indicators for key ACB functions, goals for quality assurance processes, and a reporting mechanism to ensure accountability.
- A common patient satisfaction survey tool suitable for province-wide use will be implemented at all cancer centres by the end of 2002-03.

5. Ensure long-term sustainability of programs and services by exploring revenue enhancing opportunities, reduction of non-essential activities, and balancing costs of services with their relative value.

Targets

- A strategic planning process to identify opportunities for increasing revenues and/or decreasing expenditures without jeopardizing quality of care has been initiated. Many initiatives such as provincialization of ACB services and initiation of a tumour group model for clinical care have been previously addressed.
- Focus our involvement on meaningful clinical trials and recover the added clinical costs of performing clinical trials when appropriate (See Goal 3.5).
- Increase the impact of the clinical research program through effective management of industry-sponsored clinical trials and pharmacogenomic research contracts.
- Revenue will be generated through patient accrual to high-grade trials and from the establishment of the Cross Cancer Institute as a genomics reference centre. Currently four pharmaceutical companies are considering multi-year pharmacogenomic research contracts, validating this business model.

Alberta Coordinating Council for Cancer Control

The ACB established the Alberta Coordinating Council for Cancer Control in 1999 as a province-wide forum for communication and collaboration among the ACB, Regional Health Authorities, Alberta Health and Wellness and other key provincial players in cancer control. The purpose of the Coordinating Council is to achieve a coordinated provincial approach to the key components of a comprehensive cancer control system, namely prevention, screening, diagnosis, treatment, education, research, palliative and psychosocial supportive care. To this end, the goals of the Coordinating Council include:

- Communicating provincial and national strategies for cancer control.
- Providing a forum to network on opportunities for regional partnerships.
- Identifying regional needs and priorities, discussing and resolving common issues and sharing information.
- Facilitating communication, planning and coordination of cancer control activities.
- Enabling the opportunity for mutual benefit through sharing of experiences and knowledge.
- Enabling advocacy on behalf of community concerns and needs.
- Assisting with strategic planning for cancer control.
- Facilitating as appropriate the coordination of educational sessions on cancer control.
- Advising on cancer control program indicators.
- Advising on issues arising from regional cancer control programming.

Membership of the Coordinating Council includes:

- Up to two representatives of each Regional Health Authority responsible for cancer control as designated by each region.
- ACB divisional representatives.
- A Canadian Cancer Society representative.
- An Alberta Health representative.

Relationship Structure

The Coordinating Council functions in an advisory capacity. It is co-chaired by the ACB's Vice President, Medical Affairs & Community Oncology, and by an individual elected from the RHA representatives. The current RHA 6 Chair is Janice Blair from Palliser RHA 2.

Activities

The Coordinating Council has proven a highly effective mechanism for discussion of issues surrounding many important initiatives, including:

- Several initiatives in cancer prevention.
- The development and implementation of the provincial screening program in cervical cancer.
- The expansion of the Community Cancer Network of clinics established as joint ventures of the ACB and RHAs.
- The development by the Cancer Surgery Working Group of standards and reporting mechanisms of cancer surgery.
- The implementation of the Palliative Care Network Initiative.
- The development of the provincial Psychosocial Oncology Initiative.

Priorities for 2002-2003

In 2002/2003, the Coordinating Council will lead the development of an 'Action Plan for Cancer Control for Alberta'. This work builds on the current strengths of cancer control programs in Alberta and on the directions recommended by two seminal health care reports and processes, the Canadian Strategy for Cancer Control (CSCC) and the recent *Premier's Advisory Council on Health Report* ("the Mazankowski report").

Both the CSCC and the "Mazankowski report" point the way to achieving focused integrated approaches to healthy behaviours and cost effective, sustainable health care. The Coordinating Council believes that an Action Plan for Cancer Control — by incorporating a finite number of priority objectives — can make a substantial difference over the medium and long term to alleviating the suffering and the social and economic burdens imposed by cancer.

In June 2002 in Edmonton, the Coordinating Council plans to host a workshop representative of provincial stakeholders' including institutions, organisations and cancer survivors. The purpose of the workshop will be to develop the priorities for the 'Action Plan.' Coordination for the implementation of the of the Action Plan will be the responsibility of the ACB.

The projected relentless increases in the incidence and mortality of cancer and the increasing strain on the health care system underscore the urgency for action. The CSCC and the "Mazankowski report" have injected optimism and enthusiasm for change. The opportunity is here, and the time is ripe.

Financial Plan

Operations

The ACB's financial plan for the three years 2002-05 is summarized in the following table. At the time of submission of this business plan to Alberta Health and Wellness, audited financial results for 2001-02 were not available.

Expenses are forecast to increase throughout the planning period at a rate of approximately ten per cent, driven by workload increases, normal inflation, and specific inflation in cancer drugs costs. Funding by Alberta Health and Wellness is assumed to increase at a similar rate to 2002-03 versus 2001-02. ACB's expense increases represent a cost containment strategy, as the ten per cent annual increase is significantly lower than the 17 per cent annual rate experienced in 1997 to 2001. Despite that, demands for our services will continue to be pushed by the same growth factors.

Major assumptions in this plan are:

- ACB will be successful in its cost containment strategy, despite the continued pressure of our major cost drivers.
- New patient volumes will increase at six per cent per year.
- International scarcity will persist for cancer specialists – oncologists, technicians, physicists.
- Three major new initiatives are included in this plan as indicated in the table.
- 2002-03 will be a transition year for drugs, with specific changes planned to the Outpatient Drug Benefit Program. Cancer drug costs will continue to increase in 2003-04 and 2004-05.

It should be noted that nearly half of the ACB's increase in expenses from 2001-02 to 2002-03 is caused by the increase in physician remuneration.

This increase was negotiated after similar increases were given to fee-for-service physicians in their negotiations with Alberta Health and Wellness

OPERATING (millions of dollars)	00-01 Actual	01-02 Outlook	Aprroved 02-03 Budget	Proposed 03-04 Plan	Proposed 04-05 Plan
Revenue					
AH&W global funding	115.4	126.2	*142.1	161.5	178.0
Billings, investment income & other	7.5	7.9	9.4	11.1	13.5
TOTAL	122.9	134.1	151.5	172.6	191.6
Expenses					
Operations	74.8	87.7	90.6	98.7	107.6
Physicians	16.9	20.2	26	28.6	31.2
Drugs	25.2	30.8	34.7	41.0	48.0
SUBTOTAL	116.9	138.7	151.3	168.3	186.8
Specific new initiatives:					
P. E. T.	0.0	0.0	0.2	0.5	1.0
Cancer surgery	0.0	0.0	0.0	1.8	1.8
Breast Centre	0.0	0.0	0.0	2.0	2.0
SUBTOTAL	0.0	0.0	0.2	4.3	4.8
TOTAL	116.9	138.7	151.5	172.6	191.6
Surplus/Deficit	6.0	-4.6	0.0	0.0	0.0

*Includes $2M deferral from 2001-02

Capital

Equipment and Systems

A lack of funds constrains ACB's spending for 2002-03 and adequate funding for this important area continues to be a challenge. In 2003-05, targeted funding is assumed to return to normal/modest levels. ACB's requirements include:

- Linear accelerators at $2.6 million each. These are scheduled for replacement at the rate of two per year starting in 2003-04.
- Computer terminals, servers and systems.
- Diagnostic and other medical equipment.

Infrastructure Projects

Alberta Infrastructure funds ACB's infrastructure projects annually. Our plan includes a small number of renewal items for each year of the plan, focused on the Cross and Baker facilities. Significant among these are functional reviews of space use at both facilities, followed by interior renovations to deal with our unexpectedly high workload growth rates since both facilities were constructed.

CAPITAL (millions of dollars)	00-01 Actual	01-02 Outlook	02-03 Budget	03-04 Plan	04-05 Plan
EQUIPMENT & SYSTEMS					
Sources					
Depreciation/retained surplus	3.1	2.7	2.3	3.5	3.5
AH&W, Lotteries	7.2	4.6	0.5	2.7	2.7
ACF	0	0	0	1	1
TOTAL	10.3	7.3	2.8	7.2	7.2
Uses					
Major equipment (over $200K)	8.7	3.4	0	5.2	5.2
Equipment under $200K	0.9	0.9	0.7	1	1
Information Systems	0.7	3	0.5	1	1
TOTAL	10.3	7.3	1.2	7.2	7.2
Infrastructure Projects					
Source: Alberta Infrastructure	2.7	5.6	1.6	2.2	2.2
Uses					
Cross	0.9	0.6	1	1	1
Baker	0.8	0	0.6	1	1
CBIAR*	1	5	0	0	0
Other	0	0	0	0.2	0.2
TOTAL	2.7	5.6	1.6	2.2	2.2

Centre for Biological Imaging and Adaptive Radiotherapy

Not explicitly budgeted, but nevertheless important, are four initiatives that ACB will proceed to develop:

- *Women's Breast & Health Centre* (Edmonton). See Goal 1.7.
- A designated or committed cancer treatment and research facility for the Tom Baker Cancer Centre on the Foothills site.
- *Tom Baker Cancer Centre* – A $2.3M linear accelerator scheduled for 2005.
- *Central Alberta Associate Cancer Centre* – As part of the approved overall redevelopment of the Red Deer Regional Hospital, the Associate Cancer Centre will be expanded to accommodate significant increases in new patients and workload volumes. Alberta Infrastructure will provide the cost of this construction to the David Thompson Regional Health Authority as part of the overall redevelopment cost.

Human Resources Plan

As a health-care organization, the ACB relies on its work force heavily to achieve its mission. Approximately 75 per cent of our non-drug expenditures are for human resources. Unlike other health-care organizations, ACB faces a global scarcity of some of its most important skill sets: cancer technicians; oncologists; and medical physicists. This scarcity is driven by the pervasive growth of cancer volumes.

ACB has managed to stay even in the very competitive environment for talent by our energetic recruitment of these specialties, supported by competitive remuneration, excellent working conditions, and world-class research and clinical methods. We plan to maintain this record in the future.

ACB's work force includes 1,500 people comprising 1,190 FTE, in the following categories:

Physicians – 75

These are oncologists (cancer specialists), radiologists and pathologists under contract to ACB. This number does not include the more than 200 other physicians who hold practice privileges in ACB centres. The ACB is unique among health authorities, in that we are financially responsible for physician costs.

Nurses – 350 (full and part-time nurses, many specialized in cancer care)

Radiation therapists – 100 (specialists in the operation of linear accelerators and similar equipment)

Other Technicians – 210 (imaging, laboratory, and other medical personnel)

Medical physicists – 13 (advanced specialists in the design of radiation treatment)

Pharmacists – 35 (manage ACB's cancer drugs program)

Screening – 50 (operate ACB's Breast Screening Program)

Scientific staff – 120 (engaged in clinical and research work)

Other support staff – 360 (patient records, facility services, therapists, clerical support)

Management and professional – 200 (information services, line and staff management)

Issues for 2002-05

The major issues the ACB faces during this planning period are summarized below.

Physicians. ACB forecasts a need for approximately four additional physicians to be recruited to our staff in each year of the planning period, including radiation oncologists, medical oncologists and radiologists.

Radiation therapists. ACB operates its own training program due to the specialized nature of this skill set. We plan to graduate and retain an average of eight technicians per year.

Nurses. ACB must cope with the same demographic situation as other health care agencies – namely, that a disproportionate share of our workers are age 45 or over. Replacement of nurses in coming years will require specific attention, and we estimate a three-year requirement at an additional 25.

Pharmacists, information services personnel and management. The ACB is in competition for skilled people with private sector employers. Remuneration, working conditions, opportunities and the potential for job stress are all important factors.

Physicists and scientists. Recruitment and retention of these personnel will remain an important challenge. A need for three additional physicists is forecast during the three-year planning period.

General. ACB must help its staff keep up with constantly changing technology, and a steadily growing workload.

ACB's workforce templates are included in Appendix 1.

Strategies

The ACB intends to deal with these human resource issues through a comprehensive human resources strategy focusing on:

- Appropriate, competitive compensation levels.
- Maintaining an organization whose intellectual climate, challenge and opportunity are at the forefront of cancer care and research.
- Active recruitment.
- Training.
- Performance management processes.
- A high level of internal communication.
- An inclusive planning and staff consultation process.
- Close relationships with universities and colleges.

Information Management Plan

The ACB will increasingly rely on information and information systems. Our information management plan contains the following priorities.

1. Integrated Cancer Care Network

An active analytical electronic health record that is characterized as follows.

- Documentation of a patient's care in an electronic format that is accessible by multiple users at multiple sites.
- Interoperable with departmental systems to facilitate on-line booking and scheduling as well as order entry and results reporting.
- Providing decision support by making available, for caregiver's reference, usual treatments or personal preferences.
- Enabling analysis of electronic data to inform a wide rage of quality assurance, research and management decisions.
- Health record accessibility to all ACB care delivery sites.
- Clinical outcome measurements via a predetermined minimum data set.

2.High Availability Infrastructures

- Resiliency based networks
- Redundant wide area networks
- Clustering technology for mission critical systems and services
- Database replication between data centres
- Dual data centres
- Disaster Recovery processes
- Server consolidation.

3.Maintainable Service Levels

Identifying core IS services to be provided to the organization for:

- Desktop Support;
- Server Support;
- Infrastructure Support (LAN/WAN);
- Ongoing Support.

Establish call procedures for daytime and after hour support:

- 1-800 call centre created
- 7x24 hour support established
- Call priority and response times.

Yearly review of infrastructure

Quarterly reporting of calls received and resolved

4.Proactive Management Tools

- Monitoring the health and availability of our computer systems
- Integration of monitoring with help desk for automated trouble ticketing
- Electronic hardware/software Inventory
- Electronic software delivery Over the shoulder support for the electronic delivery of help desk resolution.

5.Standardized configuration

The IT infrastructure continues to grow and requires a standard configuration to better manage the environment. Although standardization of desktops is desirable, flexibility to customize for special cases is required. Standards must be developed in the following areas to meet the growing demand on IT resources:

- Data centre management
- Hubroom management
- Rack management
- Cable management
- Server setup
- Desktop configuration
- Domain/Workgroup structure.

Information Management Plan cont.

6. Staff Retention and Minimizing the Impact of Succession

Staff retention is a key issue in providing IT solutions to the organization. Human Resources has made salary adjustments to Information Systems positions based on market value. To further minimize impact of succession a cross-training program has been established for IT core technologies support by Information Systems staff. A formalized training program has been identified which will tie-in with IT job classification, providing growth potential within the organization.

7. Refreshment of Technology

Technology refreshment is a key determinant in system downtime. As IT equipment ages the failure rate increases and therefore downtimes increase. Life cycles must match depreciation cycles for the organization and a plan put in place to refresh technology based on these life cycles.

8. System Planning Process

A formal system planning process should be identified for the organization that clearly defines the project in terms of the following:

Project Description – Rationale for change

- Impact on Organization
- Key Sponsors
- Timing
- Critical Success Factors
- Benefits Quantifiable
- Non-Quantifiable
- Timing of Benefits
- Probability of Benefit Realization
- Costs
- One time Capital
- Operating Costs
- Measurement Framework
- Performance Indicators
- Key Participants in measuring
- TimingRisks
- Delivery / Implementation Risks
- Implications of Risks.

9. Implementation of ICD-10

Upgrade the current diagnostic and Canadian classification of intervention codes to ICD-10, allowing all regions to submit data to AH&W in a consistent manner. The project will also implement a common exchange infrastructure for the morbidity and ambulatory care data to AH&W, allowing for subsequent data exchange projects.

Appendix I

Health Workforce Plan Template

(As developed by the Provincial Health Workforce Steering Committee)

DESCRIPTIVE DATA

1. Personnel Counts (as of March 31, 2002)

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
Regular Full - Time	89.0	3.0	1.0	0.0	0.0	0.0	93.0
Regular Part - Time	109.0	1.0	2.0	2.0	0.0	4.0	118.0
Temporary	29.0	0.0	1.0	1.0	0.0	0.0	31.0
Casual 86	2.0	1.0	1.0	0.0	0.0	90.0	94.0
Total Current/Active Staff	313.0	6.0	5.0	4.0	0.0	4.0	332.0
Total Current/Active FTE	193.8	4.0	2.6	1.4	0.0	3.0	204.8
Leaves of Absence	13.0	0.0	1.0	1.0	0.0	0.0	15.0
Leaves of Absence FTEs	7.7	0.0	0.4	0.4	0.0	0.0	8.5
Total Employee Count	326.0	6.0	6.0	5.0	0.0	4.0	347.0
Total FTE	201.5	4.0	3.0	1.8	0.0	3.0	213.3

1 RN – refers to Registered Nurses and Registered Psychiatric Nurses. See definitions section for more detail.

Note: When reporting LOAs, do not include with Regular staff, if possible, to ensure they are not counted twice.

2. Personnel Forecasts (as of March 31, 2003) (Projected Increases)

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
FTE Count	6.0	0.2	0.3	0.4	0.0	0.0	6.9
Estimated # of Staff	10.0	1.0	1.0	1.0	0.0	0.0	13.0

3. Personnel Forecasts (as of March 31, 2004) (Projected Increases)

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
FTE Count	4.0	0.0	0.0	0.0	0.0	0.5	4.5
Estimated # of Staff	7.0	0.0	0.0	0.0	0.0	1.0	8.0

4. Personnel Forecasts (as of March 31, 2005) (Projected Increases)

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
FTE Count	4.0	0.5	0.5	0.0	0.0	0.0	5.0
Estimated # of Staff	7.0	1.0	1.0	0.0	0.0	0.0	9.0

5. Separations

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
Number of separations between April 1, 2001 to March 31, 2002	31.0	2.0	1.0	0.0	0.0	1.0	35.0
Regular	9.0	0.0	0.0	0.0	0.0	1.0	10.0
Temporary/Casual	22.0	2.0	1.0	0.0	0.0	0.0	25.0

6. Staff Older Than 50 Years of Age

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
Number of Staff 50 or Older as of March 31, 2002	87.0	3.0	0.0	0.0	0.0	0.0	90.0
Regular 65	3.0	0.0	0.0	0.0	0.0	68.0	71.0
Temporary/Casual	22.0	0.0	0.0	0.0	0.0	0.0	22.0

7. Vacancies by Profession

	RN	LPN	PT	OT	SLP	DMS	ACB
TOTAL							
Vacancies as of March 31, 2002	14.0	0.0	1.0	0.0	0.0	0.0	15.0

Note: Vacancies are defined as positions that have been vacant longer than 60 days based on the date the position was posted.

8. Cost of Sick Time as a Percentage of Total Salaries

Cost of Sick Time as of March 31, 2002	$ 432,958
Sick Time as a Percentage of Total Salary	4%

Appendix II

Health Infrastructure Performance Measures

As required by Alberta Infrastructure, ACB includes the following three performance measures for our health facilities, as at March 31, 2002:

FACILITY	FACILITY CONDITION INDEX (1)	UTILIZATION INDEX (2)	FUNCTIONAL ADEQUACY INDEX (3)
Cross	6	96%	good (9)
Baker	< 2	110%	good (2)
Screen Test – Edmonton	< 2	100%	good (10)
Screen Test – Calgary	< 2	140%	good (12)
Corporate Office	< 2	100%	good (4)
Central Alberta Cancer Centre	< 2	100%	good (8)
Grande Prairie Cancer Centre	< 2	95%	good (3)
Lethbridge Cancer Centre	< 2	95%	good (7)
Medicine Hat Cancer Centre	< 2	95%	good (1)

NOTES

1. Facility condition index is the estimated five-year total repair/renovation cost, divided by the facility's total replacement cost.
2. Utilization index is the percentage of a facility which is utilized. A value greater than 100 per cent indicates that additional space is required now.
3. Functional adequacy index is the weighted average age of a facility, including major upgrades. A rating of less than 20 is considered by Alberta Infrastructure to be "good".

Appendix III

Alberta Cancer Board
Financial Plan Template 1
Statement of Operations
2002-2003 Alberta Cancer Board Budget Estimates

(thousands of dollars)

	2000/2001 Actual	2001/2002 Unaudited	2002/2003 Budget	2003/2004 Budget	Variance Report
REVENUE					
Alberta Health and Wellness Contributions	$ 117,592	$ 133,481	$ 150,251	$ 166,450	
Other Government Contributions	3,669	977	811	811	Note 1
Fees and Charges	1,737	2,470	2,258	2,758	
Net Ancillary Operations	150	201	150	350	
Donations	1,687	2,831	3,976	4,976	Note 2
Investment and Other Income	19,332	19,641	22,326	23,632	Note 3
Amortization of External Capital Contributions	10,104	9,797	10,249	10,985	
TOTAL REVENUE	$ 154,271	$ 169,398	$ 190,021	$ 209,962	
EXPENSES					
Facility Based Inpatient Acute Services	10,129	11,318	11,435	14,323	
Facility Based Outpatient Services	34,802	44,642	51,098	59,564	Note 4
Community Services	13,598	16,189	17,323	20,025	
Diagnostic & Therapeutic Services	37,426	44,116	45,566	50,721	
Promotion, Prevention and Protection Services	5,668	7,266	8,747	9,165	Note 5
Research and Education	17,210	19,070	21,780	19,488	Note 6
Administration	4,696	5,443	5,582	6,029	
Information Technology and we//net	3,730	4,204	5,541	6,193	Note 7
Support Services	16,105	17,830	18,813	20,318	
Amortization of Facilities and Improvements	4,906	3,935	4,136	4,136	
Capital Assets Write Down					
TOTAL EXPENSES	$ 148,270	$ 174,013	$ 190,021	$ 209,962	
Excess (deficiency) of revenue over expense	$ 6,001	$ (4,615)	$ -	$ -	

Appendix IV

Alberta Cancer Board
Financial Plan Template II
Statement of Financial Position

(thousands of dollars)

	2000/2001 Actual	2001/2002 Unaudited	2002/2003 Budget	2003/2004 Budget
ASSETS				
Current:				
Cash and temporary investments	$ 11,029	$ 14,564	$ 6,399	$ 5,615
Accounts receivable	4,656	5,138	4,000	4,080
Contributions receivable	10,526	3,261	2,000	2,040
Inventories	3,542	4,334	3,000	3,060
Prepaid expenses	652	776	846	863
	30,405	28,073	16,245	15,658
Non-current cash and investments	30,760	32,083	34,483	37,183
Capital assets	126,547	133,689	140,006	135,615
TOTAL ASSETS	$ 187,712	$ 193,845	$ 190,734	$ 188,456
LIABILITIES AND NET ASSETS				
Current:				
Accounts payable	$ 17,558	$ 19,719	$ 18,115	$ 19,745
Accrued vacation pay	3,908	3,900	3,750	3,600
Deferred contributions	11,937	15,621	17,027	18,559
	33,403	39,240	38,892	41,905
Deferred capital contributions	11,583	11,067	2,750	2,750
Unamortized external capital contributions	113,523	118,950	124,504	119,213
	158,509	169,257	166,146	163,868
Net assets:				
Unrestricted	9,676	4,630	5,930	6,030
Internally restricted	6,503	5,219	3,156	2,156
Investment in capital assets	13,024	14,739	15,502	16,402
	29,203	24,588	24,588	24,588
TOTAL LIABILITIES AND NET ASSETS	$ 187,712	$ 193,845	$ 190,734	$ 188,456

Appendix V

Alberta Cancer Board
Financial Plan Template III
Statement of Cash Flows

(thousands of dollars)

	2000/2001 Actual	2001/2002 Unaudited	2002/2003 Budget	2003/2004 Budget
Cash generated from (used by):				
Operating activities				
Excess (deficiency) of revenue over expense	$ 6,001	$ (4,615)	$ -	$ -
Non-cash transactions:				
Amortization of capital equipment - internally funded	1,891	2,431	2,500	2,600
- externally funded	5,204	5,833	7,061	7,077
Amortization of facilities and improvements	5,095	4,166	4,117	4,114
Amortization of external capital contributions	(10,299)	(9,986)	(11,178)	(11,191)
Loss (gain) on disposal of capital equipment	66	162	-	-
	7,958	(2,009)	2,500	2,600
Change in non-cash working capital account	(5,140)	11,875	3,315	2,816
Cash generated (used by) operations	2,818	9,866	5,815	5,416
Investing activities:				
Purchase of investments	(5,819)	(1,324)	(2,400)	(2,700)
Purchase of capital assets:				
Internally funded	(5,394)	(4,320)	(3,263)	(3,500)
Externally funded - equipment	(12,007)	(9,070)	(12,874)	(3,700)
- facilities & improvements	(1,711)	(6,344)	(3,858)	(2,200)
Cash generated (used by) investing activities	(24,931)	(21,058)	(22,395)	(12,100)

Appendix V cont.
Alberta Cancer Board
Financial Plan Template III
Statement of Cash Flows (cont.)
(thousands of dollars)

Financing activities:				
Capital contributions received	14,888	14,727	8,415	5,900
Cash generated (used by) financing activities	14,888	14,727	8,415	5,900
Increase (decrease) in cash and temporary investments	(7,225)	3,535	(8,165)	(784)
Cash and temporary investments, beginning of year	18,254	11,029	14,564	6,399
Cash and temporary investments, end of year	11,029	14,564	6,399	5,615
Non Current Cash and Investments at end of Year	30,760	32,083	34,483	37,183
Total Cash, temporary and non-current investments at the end of the year"	$ 41,789	$ 46,647	$ 40,882	$ 42,798
Additional information:				
1 **Non-cash working capital balance at end of period**	14,027	25,731	29,046	31,862
2 **Total cash and temporary investments and non-current investments are comprised of**				
Externally Restricted	23,520	26,688	19,777	21,309
Board Restricted	6,503	5,219	3,156	2,156
Unrestricted	11,766	14,740	17,949	19,333
	41,789	46,647	40,882	42,798

Appendix VI

Alberta Cancer Board
Financial Plan Template IV
Capital Equipment Plan

(thousands of dollars)

	2000/2001 Actual	2001/2002 Unaudited	2002/2003 Budget	2003/2004 Budget
Net Book Value				
Cost	$ 76,86	$ 190,088	$ 104,598	$ 126,230
Additions (excluding deposits)	14,596	14,944	21,632	7,200
Disposals	-1,369	-434		
Sub Total - Cost	90,088	104,598	126,230	133,430
Accumulated Amortization	40,200	46,020	54,042	63,602
Amortization - current year	7,082	8,294	9,560	8,935
Amortization on disposal	-1,262	-272	-	-
Sub Total - Amortization	46,020	54,042	63,602	72,537
Net Book Value	44,068	50,556	62,628	60,893
Proposed Acquisitions				
Capital equipment replacement	6,118	10,772	7,051	7,200
Specific initiatives equipment needs	8,478	4,172	14,581	0
Total Acquisitions	14,596	14,944	21,632	7,200
Expected Funds Available				
From current operating surplus	0	0	0	0
Set aside in earlier years	1,372	4,210	3,263	3,500
Restricted contributions from other sources	7,237	7,156	14,068	1,000
Restricted contributions from Alberta Health	5,987	3,578	4,301	2,700
Total Funds Available	14,596	14,944	21,632	7,200
Surplus (shortfall) in available funds	0	0	0	0
Shortfall To Be Financed By:				
Short-term borrowings	x	x	x	x
Other financing arrangement	x	x	x	x
Long-term debt	x	x	x	x
Total borrowing for capital equipment	0	0	0	0

President and Chief Executive Officer — Date: June 6, 2002

Chief Financial Officer and V.P. Finance & Administration — Date: June 6, 2002

Appendix VII

Alberta Cancer Board

Statement of Operations
Variance Report (Refer to Appendix III)
2002-03 Budget Compared to 2001-02 Actual

(thousands of dollars)

Revenue:

Note 1. Other government contributions (down 17%) ($166)
Grants from Canada Health and Welfare vary year to year depending on funding.

Note 2. Donations (up 40%) ($1,145)
The Board's fundraising arm, the Alberta Cancer Foundation, is increasing its annual targets. These funds are used primarily for cancer research projects, prevention and patient programs at the facilities.

Note 3. Investment and Other Income (up 14%) ($2,685)
This consists of Research Grants ($10 million), Drug, Bone Marrow Transplant program and other recoveries ($9,918 K) and Investment Income ($2,408 K). The major increase relates to Investment Income. 2001-02 was a disastrous year on the capital markets, Investment Income was only $552 K. We are expecting investment earnings to go back to normal levels — an increase of $1,856 K.

Expenses:

Note 4. Facility Based Outpatient Services (up 14%) ($6,456)
This increase relates mainly to the additional cost of medical staff in year two of their contract — $1.3 million. An increase in cancer drugs of $3 million in this expense category. Other costs related to staff increases — mainly nursing and volume increases in patient activity.

Note 5.
Promotion, Prevention and Protection Services (up 20%) ($1,481)
For the Alberta Cancer Board, these activities include Epidemiology studies, the Screen Test for Breast Cancer program provided in Edmonton and Calgary with mobile services to various outreach areas, and the cancer prevention program. In addition, the ACB is working with Alberta Health & Wellness and the Regional Health Authorities to develop a cervical cancer screening program. Alberta Health & Wellness is expanding the program's grant this year by $300 K, plus the ACB has allocated $275 K to initiate some projects resulting from the Mazankowski Report, and the Alberta Cancer Foundation has provided $500 K for two significant prevention projects. The remainder of the increase relates to salaries ($290 K) and other additional costs.

Note 6. Research and Education (up 14%) ($2,710)
This reflects an additional level of spending on the Government's Research Initiative Program, ACF research grants and grants funded by both industry and national cancer agencies.

Note 7. Information Technology and Wellnet (up 32%) ($1,337)
This increase relates entirely to the costs of the Integrated Cancer Care Network. Wellnet funding for the implementation of this program was finished in December 2001, but it will take several months to fully implement the system. In addition, the operating and software fees for the system are increasing each year.

Alberta Cancer Board